



Jo-Carroll Energy

Your Touchstone Energy® Cooperative The power of human connections®

RESIDENTIAL 2020 FUEL SWITCHING INCENTIVES

HVAC & Appliances
Natural Gas Accounts

ELIGIBILITY AND INSTRUCTIONS FOR COMPLETING THIS FORM (Please read)

- ❖ Incentive(s) not to exceed 50% of the cost of project.
- ❖ Incentives will be issued in the form of a bill credit placed on the submitted member's account.
- ❖ Equipment must be purchased and/or installed in 2020.
- ❖ Installed equipment must be on cooperative's Natural Gas lines.
- ❖ Incentives are in place from January 1, 2020 through December 31, 2020 or until funds are depleted.
- ❖ Please allow 3-5 weeks for your incentive to be processed once proper documentation has been received.
- ❖ Jo-Carroll Energy reserves the right to inspect and verify equipment and installation.
- ❖ All accounts are eligible for only ONE incentive per appliance/unit within a 5-year time period.
- ❖ Submit ALL documentation listed below no later than 3 months after purchase and installation and **no later than January 2, 2021**, {however, members are encouraged to submit as soon as possible to ensure incentive}:
 - ✓ This incentive Form.
 - ✓ A copy of your receipt or invoice for each item purchased (must include model #, size and efficiency specs.).
 - ✓ In the case of fuel switching, a vendor certification is required indicating the fuel source was changed (if member has switched from propane, fuel oil, or electricity provided by another utility). This can be in the form of a signed letter, from the contractor, stating what fuel source the unit was switched from.

Submit required documentation to: Jo-Carroll Energy • Attn: Member Services Department; Incentive Request • P.O. Box 390 • Elizabeth, IL 61028

MEMBER INFORMATION (Please fill out entire section)

Member Name			Email		
			I wish to receive digital communications with information about the cooperative, its programs and services. <input type="checkbox"/> Opt Out		
Address			Account		Phone
City	State	Zip	Date	Member Signature	
Incentive for: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other:					

INCENTIVE INFORMATION (Please fill in shaded boxes for all items which you are requesting an incentive)

Equipment	Specifications	Check <input checked="" type="checkbox"/>	Incentive Total:
NEW Natural Gas Heating Unit			
Natural Gas Furnace/Boiler	AFUE ≥ 95% AHRI Certificate Number: _____	<input type="checkbox"/>	\$125
Fuel Switching Incentive (New & Existing units)			
Fuel Switching	Requires a Vendor Certification showing that Fuel has been switched from propane, fuel oil, or electricity provided by another utility.	<input type="checkbox"/>	\$200

NEW Natural Gas Appliance Incentive			
Natural Gas Water Heater	EF ≥ 0.67 {Submit MODEL # and Documentation of (EF) Energy Factor}	<input type="checkbox"/>	\$50
Natural Gas Appliances	<input type="checkbox"/> STOVE <input type="checkbox"/> CLOTHES DRYER <input type="checkbox"/> FIREPLACE INSERT <input type="checkbox"/> GENERATOR <input type="checkbox"/> OTHER _____	<input type="checkbox"/>	\$50 per appliance
Fuel Switching Incentive (New & Existing units)			
Fuel Switching <small>(per appliance)</small>	Requires a Vendor Certification showing that Fuel has been switched from propane, fuel oil, or electricity provided by another utility.	<input type="checkbox"/>	\$100 per appliance

MULTIPLE SWITCHING BONUS!!!!

Fuel Switch Heat & Appliances	Members who switch a HEATING UNIT and at least ONE Additional APPLIANCE from propane, fuel oil, electricity, or... provided by another utility qualify for an Additional Incentive PER APPLIANCE .	<input type="checkbox"/>	\$50 per appliance
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EXAMPLE: New 96% Furnace + Water Heater + Fuel Switching + MULTIPLE BONUS = \$525 Total Incentive Requested \$

OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved - Reason:	Class:	Code:	98 (JCE)
Date of Purchase:	Invoice Amount:		
Member Services Representative:	Date:	Incentive Issued:	
Billing Services Representative:	Date:	\$	